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PTO/SB/01 (12-97)

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing    OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney Docket Number</b>	5/1315US
	<b>First Named Inventor</b>	Himmelsbach, F. et al
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	10 / 081,826
	<b>Filing Date</b>	February 22, 2002
	<b>Group Art Unit</b>	To be Assigned
	<b>Examiner Name</b>	To be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Xanthine derivatives, the preparation thereof and their use as pharmaceutical compositions

the specification of which (Title of the Invention)

☐ is attached hereto  
OR

☒ was filed on (MM/DD/YYYY) 02/22/2002 as United States Application Number or PCT International

Application Number 10/081,826 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
101 09 021.8	DE	02/24/2001	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101 17 803.4	DE	04/10/2001	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101 40 345.3	DE	08/17/2001	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102 03 486.9	DE	01/30/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/273,880	03/07/2001	
60/284,753	04/18/2001	
60/314,358	08/23/2001	

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
Robert P. Raymond	25,089	Susan K. Pocchiari	45,016
Alan R. Stempel	28,991	Philip I. Datlow	41,482
Mary-Ellen M. Devlin	27,928	Timothy X. Witkowski	40,232
Anthony P. Bottino	41,629	David A. Dow	46,124

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label  OR ☐ Correspondence address below

Name	28505		
Address	PATENT TRADEMARK OFFICE		
Address			
City	State	ZIP	
Country	Telephone	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle if any)		Family Name or Surname	
Frank		HIMMELSBACH	
Inventor's Signature	Date		June 11, 02
Residence: City	Mittelbiberach	State	Country DE
Post Office Address	Ahornweg 16		
Post Office Address			
City	Mittelbiberach	State	Country DE
		ZIP	D-88441

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Michael		MARK	
Inventor's Signature <i>Michael Mark</i>		Date <u>06/12/02</u>	
Residence: City	Biberach	State	Country DE
Citizenship DE			
Mailing Address Hugo-Haering-Strasse 50			
Mailing Address			
City	Biberach	State	ZIP D-88400
Country		DE	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Matthias		ECKHARDT	
Inventor's Signature <i>M. E. T.</i>		Date <u>06/11/2002</u>	
Residence: City	Biberach	State	Country DE
Citizenship DE			
Mailing Address Kirschenweg 7			
Mailing Address			
City	Biberach	State	ZIP D-88400
Country		DE	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Elke		LANGKOPF	
Inventor's Signature <i>E. Langkopf</i>		Date <u>06/11/2002</u>	
Residence: City	Warthausen	State	Country DE
Citizenship DE			
Mailing Address Schloss 3			
Mailing Address			
City	Warthausen	State	ZIP D-88447
Country		DE	

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Case No. 5/1315US

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>2</u> of <u>2</u>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Roland		MAIER	
Inventor's Signature <i>R. Maier</i>		Date <i>06/11/2002</i>	
Residence: City Biberach	State	Country DE	Citizenship DE
Mailing Address Bodelschwingerstrasse 39			
Mailing Address			
City Biberach	State	ZIP D-88400	Country DE
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Ralf		LOTZ	
Inventor's Signature <i>Ralf</i>		Date <i>13/06/02</i>	
Residence: City Schemmerhofen	State	Country DE	Citizenship DE
Mailing Address Nelkenstrasse 21			
Mailing Address			
City Schemmerhofen	State	ZIP D-88433	Country DE
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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